It Runs in the Family: Finding a Way Out of the Cycle of Intergenerational Attachment Trauma Through Meaning-Making and Art Therapy

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Abstract

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This research paper is a theoretical exploration of how art therapy, applied through an existential therapy framework, may foster meaning-making as a way to break the cycle of intergenerational attachment trauma. An analysis and synthesis of the existing literature is the basis for suggesting a novel way of conceptualizing the treatment of attachment trauma in adults and caregivers at risk of perpetuating the cycle of trauma. The goal of this theoretical research paper is to explore existing theories, while highlighting themes and approaches that could be integrated in order to work towards additional research and the development of an art therapy intervention based on the concepts promoted in this theoretical exploration. The literature is divided into categories which address the origins of attachment theory, neurobiological and attachment based models of intergeneration transmission of trauma, existential theories of psychotherapy, Viktor Frankl's theory of Logotherapy, the concept of meaning-making as a therapeutic approach, and art therapy approaches based on both trauma-informed practices and existential approaches. The paper culminates in the author's reflections on the potential for integration of these various theories. Finally, limitations are discussed and implications are mentioned in order to promote further research in this vein of art therapy.

Keywords: art therapy, attachment trauma, attachment theory, intergenerational trauma, meaning-making, existential therapy, cycle of trauma.

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Introduction

The idea that certain personality traits or behaviours may *run in the family* has been said and repeated in my family for as long as I can remember. This led to many questions on my end concerning the past, family genetics, and how much of who we are is directly influenced by previous generations. With recent advents in the field of psychology, and especially neurobiology and epigenetics, researchers have come closer to answering these kinds of questions. Many concerns regarding identity and purpose, as well as a tendency to want to confront the absurdities of life, led me to explore existential philosophy, and eventually existential psychology, as a way to grasp the uncertain and more challenging parts of life. These theories, philosophies, and my own personal experiences drove me to wonder how some survivors of trauma are able to thrive and pass on courage and resilience, while others remain weighed down and haunted by their past, only to repeat the trauma.

The aim of this study is to present research carried out in the field of intergenerational trauma, specifically *attachment trauma*, and to integrate this research with theories promoted by existential psychotherapists to eventually come up with a novel way of conceptualizing the healing potential of art therapy. The first chapter of this paper will present an overview of attachment theory in order to explain the phenomenon of attachment trauma. It will also discuss neurobiological and attachment-based models of intergenerational transmission of trauma to demonstrate the complexity of the phenomenon, and end with a review of treatment approaches and the concept of resilience, which is a mediating factor in the transmission of attachment trauma. Chapter 2 will present theories linked to the concept of *meaning* as it reflects one of the key ways in which the transmission of trauma may be interrupted. An overview of the basic tenets of existential psychotherapy, as well as a brief presentation of the process of *meaning-making* found within many therapeutic approaches, will be included. In Chapter 3, the application of art therapy will be introduced, with a focus on trauma-informed art therapy and existential art therapy. Additionally, in Chapter 3, I will present an integration and synthesis of the concepts reviewed through the lens of my personal perspective and impressions. Finally, Chapter 4 will address the limitations of this study as well as offer implications and recommendations to be considered for further research.

Methodology

How can art therapy, through an existential framework, foster meaning-making in caregivers coming to terms with their own history of attachment trauma? Because of the exploratory nature of this question and its inquiry into broad and theoretical concepts, I opted for a qualitative-theoretical methodology for my research. Junge and Linesch (1993) encourage art therapists to find the right methodology to match their "personal style" (p. 62) of being in contact with the world. This methodology appeared optimal as it fits with my own way of processing, inquiring, and engaging with my environment. I engage by analyzing, evaluating, and then integrating information until I can come up with a new and pertinent understanding of what I am being presented with; intervention or action will come only once I have a basis on which to ground myself. This is in line with theoretical research which, as a methodology, aims to review and integrate existing theories to produce a new angle on a theory or consolidation of knowledge (Junge & Linesch, 1993). Unlike intervention research, which has the goal of designing and putting forth a specific intervention that can be enacted, theoretical research produces a novel concept or a critique of a theory in order to reveal a "more integrative, comprehensive, and powerful theory" (Fraser & Galinsky, 2010; Junge & Linesch, 1993, p. 66). In this research paper, theories related to attachment, trauma, art therapy, existential psychology, and meaning-making will be reviewed, analyzed, synthesized, and ultimately integrated in order to uncover an unexplored way of healing attachment trauma with the use of the creative arts and an emphasis on meaning-making.

Philosophical Standpoint

Establishing one's philosophical framework or standpoint is encouraged by Creswell (2010), and by Junge and Linesch (1993). The perspective taken for this research lies in a post-positivism approach as it does not aim to establish an objective and ultimate truth, but will attempt to get closer to an unattainable goal of objectivity by taking into account, comparing, and critiquing different viewpoints found in the literature (Trochim, 2006). This research is especially founded in characteristics of post-positivism called *intentionality* and *understanding,* according to Junge and Linesch (1993). Intentionality, as the authors describe, stresses that the concern be placed within the realm of emotion and cognition or the "interior meaning of action" (p. 62) as opposed to simply observing the actions and behaviours of someone. Understanding implies that unique features must be fully grasped in order to truly understand an event,

phenomena, or situation as opposed to relying on general assumptions. This research demonstrates both intentionality and understanding by focusing on the inner affects and emotional elements of attachment trauma, not only the behaviours associated with such distress. The creative arts component, existential framework, and meaning-making theories included will specifically delve into "interior" (Junge & Linesch, 1993, p. 62) states and personal, symbolic meaning behind the lived experience of attachment trauma. The cyclical nature of the transmission of attachment trauma will be one of the main emphases of this research, which will attempt to grasp the scope of attachment trauma as sensitively as possible.

Collecting and Interpreting Data

As this research paper is based on a theoretical model, the literature is the data to be organized and analyzed (Junge & Linesch, 1993). The steps taken to writing this literature review are based on several guides, including Cooper's (1988) guide to writing a literature review (as explained by Randolph, 2009) and Whittemore and Knafl's (2005) approach to an integrative review.

As Whittemore and Knafl (2005) state, it is important to develop a strategy to analyze the data because of how complex and time-consuming synthesizing primary sources can be. I found most of my sources through the computerized database Psycinfo, and then sought the most relevant primary sources by reviewing and searching for the references of these articles. Key words included: attachment trauma, disorganized attachment, attachment theory, intergenerational trauma, childhood maltreatment, childhood trauma, resilience, existential psychology, art therapy with adults, trauma and attachment-informed art therapy, and meaning-making. I organized the articles by creating a sort of "coding book" (Randolph, 2009, p. 7), where I noted the key points and indicated in which section of the paper they would fit. This process was similar to what Whittemore and Knafl (2005) describe in their data reduction stage: the task of dividing the primary sources into subgroups "according to some logical system to facilitate analysis" (p. 550). After drawing out the main themes of the articles and dividing them into appropriate categories, I looked for connections, links, and patterns in the data found. At this point, I wrote a first draft of the literature review to begin interpreting the data and eventually drawing more generalized conclusions in order to synthesize the information. The final sections of this research paper take into account the literature that was reviewed and synthesized, and present my personal understanding and reflections on the literature in order to suggest further

research and application on the use of meaning-making, art therapy, and existential themes in the treatment of attachment trauma.

Chapter One: Attachment Trauma

Attachment Theory

To discuss the issue of attachment trauma, I must begin with the tenets of attachment theory. Attachment theory in psychology originates with John Bowlby and his collaborative work with Mary Ainsworth. According to Bowlby (1988), attachment behaviour is an integral part of human nature that involves children seeking out and maintaining proximity with a person they deem more capable of dealing with challenges in the world. Usually, this person is the child's primary caregiver, and in Bowlby and Ainsworth's research, the focus is often on the mother as primary caregiver. Bowlby's (1953) early work with regards to the development of infants led to his significant *maternal deprivation theory.* Bowlby's (1953) hypothesis was that an infant who lived repeated disruptions in attachment with their primary caregiver would go on to develop cognitive, emotional, and social difficulties. His hypothesis focused on the critical nature of the first two years of an infant's life, and suggested that loss or separation from the primary caregiver during this time may lead to harmful long-term effects. The maternal deprivation theory is particularly relevant as a starting point when examining the phenomenon of intergenerationally transmitted attachment trauma.

Bowlby (1988) also wrote about the quality of attachment between caregiver and infant. He stated that attachment behaviours become especially visible and significant in times of distress or fear; knowing that there is a secure and comforting base to return to in case of emergencies means that the child continues to value and sustain their relationship with this source of security. The behaviour that results in connection with the caregiver and the ensuing response from the caregiver to the child determine certain patterns (attachment patterns) that become internalized and stay with the child throughout their development in life (Bowlby, 1988). This is the basis for how Bowlby envisioned attachment influencing the development of personality.

The different attachment patterns became more explicitly established with Ainsworth's research with infants in Uganda and the United States (Ainsworth & Bowlby, 1991). She found that infants were active in seeking care and comfort from their caregivers when in distress;

babies would cry out, and if mothers could respond promptly and appropriately by picking them up and soothing them, the babies would stop crying and would happily continue exploring on their own (Ainsworth & Bowlby, 1991). As mentioned earlier, having a secure and comforting base (in this case the presence of the mother) allows the baby to feel soothed and ready to continue being in and discovering their world.

This concept of a secure base is a key aspect of attachment theory, one that Ainsworth noticed in the 1970s with the *strange situation* experiments she conducted with infants and their mothers (Ainsworth & Bowlby, 1991). These 20-minute laboratory procedures resulted in establishing three distinct attachment patterns, or styles. The strange situation entails a mother and child together in free-play in a playroom; the mother leaves the child once with the presence of a stranger in the room, and once with the child left completely alone in the room. When the mother returns, the behaviour of the child is observed (Allen, 2013). Children who were visibly distressed by their mother's departure but who could be comforted and resume playing at her return were classified as *securely attached* (Allen, 2013; Shemmings & Shemmings, 2011).

Ainsworth noted that some children could not be soothed by their mother, remained clingy, and were restricted in their play even once she returned; this attachment style was classified as *insecure anxious-resistant* (or *ambivalent*) (Allen, 2013; Bowlby, 1988). Children with anxious-resistant/ambivalent attachment patterns have learned that they need to "hyperactivate" (Allen, 2013, p. 370) their needs by breaking down, crying, fussing, and protesting due to the inconsistency of their caregiver's response and availability. Some children seemed to be unbothered by the absence of their mother from the playroom and remained unmoved when she returned; these children were classified as having *insecure anxious-avoidant* attachment patterns (Bowlby, 1988). This attachment style is formed due to the child's understanding that when they seek care, they will not get their needs met by their caregivers; they "deactivate" (Allen, 2013, p. 370) their needs, knowing that they would be rejected or rebuffed if dependent on their caregivers for help (Allen, 2013; Bowlby, 1988).

Securely attached children exhibit a balance between play and exploration, but also rely on their mother's comforting presence when in distress (Ainsworth & Bowlby, 1991). However, insecurely attached children lack that balance. Anxious-resistant children become restricted in their exploration and play because they fear losing their mother again, while anxious-avoidant children are immersed in their play, but live with the understanding that they do not have a

secure base to turn to if an emergency should occur; they are essentially alone in their exploration (Bowlby, 1988). Cassidy and Mohr (2001) explain that in daily interactions, this understanding of what their caregiver can offer, and how they respond, becomes internalized in the child. Their conception of their mother will in turn become intertwined with their conception of their own self (Cassidy & Mohr, 2001). For example, securely attached children may view their caregivers as kind and lovable because they are available to soothe and comfort, and so, these children will come to think of themselves as capable of receiving love and comfort, as "loveable" (Cassidy & Mohr, 2001, p. 277). Correspondingly, children who are dismissed, scorned, and ignored may come to think of themselves as unlovable and unworthy of care. This concept is what Bowlby (1988) calls his theory of internalization or "internal working model" (p. 129), a cognitive framework formed in childhood providing a guide to understanding the world. This is a key factor for the development of personality, adult attachment styles, and transmission of attachment patterns.

Anxious-resistant/ambivalent and anxious-avoidant attachment styles are based on the child's way of organizing and adapting their behaviour in response to a caregiver who is unavailable or unable to meet their needs, whereas secure attachment is based on the child's known way of organizing behaviours in response to an available and attuned caregiver. However, at the time of the strange situation procedures, Ainsworth and her colleagues noticed children who did not fall into any of the organized attachment classifications (Cassidy & Mohr, 2001). These children appeared to have no clear or organized strategy of behaviour in response to distress, and were eventually classified as having *insecure disorganized* attachment styles by Mary Main and Judith Solomon (Cassidy & Mohr, 2001; Main & Solomon, 1990).

Disorganized Attachment and Trauma

In the 1980s, Mary Main and Judith Solomon reviewed cases of children, many of them having suffered maltreatment, whose behaviour could not be classified into any of the three attachment categories outlined by Ainsworth (Cassidy & Mohr, 2001; Main & Solomon, 1990). They noticed that these children seemed to be experiencing fear and distress in the presence of their caregivers and did not have an organized coping strategy. They outlined certain behaviours that would be classified as *disorganized attachment*:

> (a) contradictory behaviour patterns, either sequential or simultaneous; (b) undirected, misdirected, incomplete, and interrupted movements or expressions; (c) odd movements

> and postures, asymmetrical movements, and mistimed movements; (d) freezing, stilling, and slowed "underwater" movements and expressions; (e) clear signs of fear of the parent; and (f) clear signs of disorganization and disorientation (Cassidy & Mohr, 2001, p. 278).

As Shemmings and Shemmings (2011) explain, the central issue underlying the behaviour of a child demonstrating disorganized attachment is the notion of "fear without solution" (p. 34). This notion, coined by Mary Main, is the root of the emotion behind disorganized attachment and exposes the link between this type of attachment pattern and trauma. Crenshaw (2014) states that the description Main and Solomon (1990) provide of disorganized attachment depicts the effects of what he calls "severe attachment trauma" (p. 21). The behaviour associated with disorganized attachment only lasts for a short time in childhood, and eventually turns into other patterns of behaviour, most notably a controlling stance to organize what has been a disorganized relationship with their caregiver (Cassidy & Mohr, 2001; Main & Hesse, 1990; Shemmings & Shemmings, 2011). Insight into the mental representation of children with disorganized attachment demonstrates that the often chaotic, frightening, and incoherent narratives that these children enact reflect the situations or environments they have experienced (Cassidy & Mohr, 2001).

Research demonstrates that the foundation of disorganized attachment behaviour is in the interaction between children and their caregivers; the more traumatic and unpredictable the environment and experiences are, the more likely that the pattern of attachment will be categorized as disorganized (Cassidy & Mohr, 2001). Cases of physical and sexual abuse are explicit examples of child maltreatment that may engender disorganized-type behaviour in children; abuse and trauma occurring between children and primary caregivers is especially problematic because of conflicted feelings of fear for the person who is also considered their provider and supposed protector (Cassidy & Mohr, 2001; Mucci, 2013). Pearlman and Courtois (2005) also state ¸that theorists have paid special attention to the disorganized style of attachment because of how similar the behaviour is to the "dissociative response" (p. 451) that many children (and adults) demonstrate following experiences of trauma. This dissociative response is seen as a sort of detachment from reality, when individuals freeze, lose touch with the here and now, and shut down emotionally and physically in response to stress or danger (Pearlman & Courtois, 2005). Research suggests that children who suffer chronic abuse go on to develop

disorganized attachment and dissociative-type reactions (Liotti, 1995; Lyons-Ruth & Jacobvits, 1999; Pearlman & Courtois, 2005).

However, other types of parental behaviour have been documented as a precursor to disorganized attachment patterns in children. Main and Hesse (1990) state that sometimes, parents who display frightened or frightening behaviour also tend to produce disorganized attachment pattern with their children. They explain that children, when seeing their caregiver become frightened in time of need, are not able to put their trust and reliability in them when under stress. An explanation for why a caregiver might show fear in front of their child could be based on a previously lived trauma or loss that has not been resolved (Main & Hesse, 1990). As Cassidy and Mohr (2001) state, this is interesting evidence for the theory that responses to trauma may be transmitted intergenerationally.

Sometimes, the disruption in attachment can be traumatic in itself. Pearlman and Courtois (2005), looking at the effect of early attachment experiences on children, found that disrupted attachment due to loss, separation, violence, misattunement, or neglect that is not repaired can be traumatic for a child because they are "left psychologically alone to cope with [their] heightened and dysregulated emotional states, thus creating additional trauma" (p. 451). Their research appears to link back to Bowlby's (1953) early theory of the long-term emotional and psychological effects of disrupted attachment (maternal deprivation theory). This phenomenon is what theorists such as Allen (2013), Crenshaw (2014), and Schore (2003) call *attachment trauma*.

Intergenerational Transmission

Attachment- and trauma-related theories discussed by authors such as Siegel (2012), Schore (2001), and van der Kolk (2014) in recent neurobiological studies demonstrate that chronic interpersonal trauma, occurring between caregivers and their children, often results in disorganized attachment and can be transmitted throughout several generations. As van der Kolk (2005) states: "data suggest that most interpersonal trauma on children is perpetuated by victims who grow up to become perpetrators and/or repeat victims of violence. This tendency to repeat represents an integral aspect of the cycle of violence in our society" (p. 405). To examine how attachment trauma is passed on from one generation to the next, I will conduct a brief overview of the basis of intergenerational transmission from a neurobiological and an attachment-based model.

Neurobiological model. The ways in which trauma and disrupted attachments affect the brain and body are widely studied by experts in the field such as van der Kolk (2014), Schore (2001), and Siegel (2012), amongst others. To understand how trauma, including attachment trauma, can affect the brain, one must look at how the brain is structured and how it develops through early childhood experiences. The organization of the brain is divided into three parts, built from the bottom up (Siegel, 2012; van der Kolk, 2014).

The lower brain structure (which includes the cerebellum and brain stem), sometimes referred to as the reptilian brain, is essential for mediating states of arousal, energy, physiological responses, and basic survival reactions, such as flight-or-fight responses to danger or stress (Siegel, 2012; van der Kolk, 2014). Siegel (2012) explains how this region is relevant in understanding the effect of trauma on the brain, as our interactions with others will shape how these structures will respond to stress: either with a sense of danger or threat, or with receptiveness and a sense of safety. In the more primitive areas of the brain, neurobiology can easily be linked to issues of attachment with caregivers and the kinds of interactions experienced in childhood, especially with regards to bodily reactions to stress and danger. In the lower regions of the brain, we also find the hypothalamus and the pituitary gland, which are in charge of keeping the body in a state of equilibrium through neuronal firing and hormonal releases. Siegel (2012) explains that these systems, which are engaged in times of stress in order to maintain physiological homeostasis, regulating the body's many reactions, can be negatively affected by trauma, reducing their capacity to maintain appropriate balance in times of stress.

The central brain structure, which includes the limbic system, plays an important role in mediating emotions, integrating memories, and monitoring danger and pleasure, and is the seat of an attachment system that allows for youth to seek and depend on their parents for safety (Siegel, 2012). The limbic system is shaped in relation to interpersonal experiences in infancy and is where the implicit, non-verbal memories of trauma are stored (van der Kolk, 2014). Together, the limbic region along with the reptilian brain are considered the "emotional brain" which, being key in the central nervous system, is essential in detecting danger and/or pleasure and puts into motion automatic reactions to ensure survival (van der Kolk, 2014). The upper structure of the brain, known as the neocortex, is in charge of more complex tasks such as working on perception, reasoning, and abstract representations (Siegel, 2012). The authors explain that the executive functions, of which the upper structures of the brain are in charge, are

often disrupted following trauma. Survivors of trauma may function at a level controlled mostly by the limbic system and lower regions of the brain, functioning in a *survival mode*, assessing danger and safety; however, functions such as processing, reasoning, or learning new and incoming information become secondary. Living in a survival mode makes tasks like determining cause and effect, rational planning, and behaviour control more difficult, often resulting in actions that help in terms of survival, but often perpetuating the symptoms and outcomes of the trauma on themselves and others (reactions that include freezing, fleeing, or fighting when confronted with stress) (van der Kolk, 2014).

The effects of trauma on the brain can be elaborated on extensively, but for the purposes of this research, the focus is placed on how and why these effects may be passed on intergenerationally, causing a cycle of trauma to be extended over time. When looking at the issue of intergenerational trauma, recent research on the brain and genetics becomes particularly relevant. Epigenetics, the field of research that examines how experienced stress impacts and leads to changes in DNA sequence and gene expression, is a key way of viewing the process of how trauma may be passed on from previous generations. As it was briefly discussed, experiences such as trauma, including traumatic interpersonal relationships, impact the brain and its automatic responses related to regulation and survival. Beyond the impact on the brain, these experiences also play a role in an individual's genetic expression. Siegel (2012) explains that different experiences, specifically relational experiences, will weigh strongly on how and when genes are expressed and activated.

Alexander (2015) describes the most commonly studied way in which gene expression can be changed by experiences (usually experiences of stress), called *methylation*. This process can occur at any point in the life cycle, and changes the gene activation by silencing, diminishing, or augmenting the expression. Siegel (2012) adds that not only can these changes occur at any time during development, but they are also long-lasting and can be passed on from one generation to the next "by way of the alterations of epigenetic regulatory molecules in the sperm or egg" (p. 23). This would mean that the brain and the body, at a structural and genetic level, could be affected by relational trauma not only through direct experience, but also through the passing of impacted genes by way of pre-natal stress, or even trauma occurring in past generations. As Siegel (2012) notes, the ways in which our parents or even grandparents reacted to stress or trauma are embedded in our genes. Additionally, Alexander (2015) reiterates that

prenatal stress on the mother, including the mother's history of trauma, will indeed impact the child's brain development and attachment security, an aspect of intergenerational transmission that will be further explored in subsequent sections. However, the expression of genes, as I noted earlier, is very much influenced by our relational experiences; this would mean that there is a "recursive" (Siegel, 2012, p. 30) feature to this explanation of intergenerational transmission of trauma.

Essentially, this would mean that the genetic and biological tendencies or traits found in an infant would formulate a certain temperament, eliciting certain responses from caregivers and their environment. This means that although certain elements of trauma may be passed on through genetics, how these interact with the surroundings (caregivers, peers, environment, etc.) will affect the activation and expression of these genes. This field of research brings forth the question of nature versus nurture with regards to intergenerational trauma. It points to how there is indeed a back-and-forth process between nature and nurture that perpetuates the cycle of trauma, and that it is the interaction between genetics and the environment in which a person develops that truly demonstrates the transmission of trauma from one generation to the next.

Attachment model. As I previously explored with regards to Bowlby and Ainsworth's work on attachment theory, parents (or caregivers) are meant to be a secure base representing safety in times of stress. This requires caregivers to be, more often than not, accurately attuned to the internal states of their child (Alexander, 2015). Being able to watch for and read the facial cues of their child means that the caregivers have the opportunity to validate what the infant is feeling and mirror these feelings through non-verbal interactions (Alexander, 2015; Cassidy & Mohr, 2001; Fonagy, 1999). This interaction between caregivers and children is crucial as it teaches the infants what they are feeling through having their emotions noted and mirrored back. Additionally, the caregivers can then display other emotions that are separate from their child's own, as they attempt to soothe and comfort the infant. Fonagy (1999) describes this process as *reflective functioning*, the primary attachment interaction that forms the basis for internal working models of relationships.

The concept of internal working models (IWM) is at the basis of the attachment model of intergenerational transmission of trauma (including attachment trauma). As explained by Bowlby (1988), the initial interactions between parents and children shape how the children will conceptualize themselves and go on to deal with other relationships. Ideally, a secure attachment

is formed when the caregiver is responsive and reasonably attuned to their infant's needs and feelings, allowing for the infant to develop into an adult with an *autonomous attachment* style in relationships and parenting (Alexander, 2015; Cassidy & Mohr, 2001; Main & Goldwyn, 1998; van Ijzendoorn & Bakermans-Kranenburg, 1997). In these cases, infants develop an IWM that reflects that they are worthy of love and security. However, as I have already reviewed when looking at attachment theory, insecure and disorganized attachment styles often lead to IWMs that leave infants feeling unlovable and consistently unsafe. As Siegel (2012) states, IWMs are mental models, or scripts, that work within implicit memory to serve as a way to generalize and map out expected patterns in interpersonal relationships. Essentially, they are a version of a blueprint that informs how we expect to be treated and how we anticipate the way we ought to behave interpersonally. For example, an anticipation of abandonment or rejection, or difficulty establishing trust within relationships, may point to IWMs formed in childhood where the primary caregiver was perhaps unreliable, or absent.

Sroufe and Fleeson (1986) noted that IWMs are indeed carried forward into new relationships by internalizing both sides of the attachment interaction (caregiver and infant role); thus a pattern or cycle is created where an individual models their original attachment style from childhood (either the infant or caregiver role) and may behave in a way that elicits reactions similar to that of their caregivers, in new relationships. With this, we see how the process of identifying with the aggressor/victimizing others and the process of re-victimization are actually quite intertwined and related to each other. It is these internal scripts or models that are thought to be passed on, perpetuating a cycle of abuse, neglect, and trauma.

Lyons-Ruth and Block's (1996) research demonstrates that women who have experienced childhood trauma are at an elevated risk of exhibiting withdrawn or hostile behaviour as caregivers. The authors expose the concept that the mothers could adopt two different modes to adapt to their earlier trauma, and these modes are what end up being transmitted to the next generation, often causing disorganized attachment in the child. Lyons-Ruth and Block (1996) explain that some women, most often those who have suffered sexual abuse, adopt a withdrawn mode of coping, which causes a "restricted maternal affect" (p. 270). Other mothers adopt a more hostile mode of interacting with their child, which is usually consistent with women having suffered physical abuse in childhood (Lyons-Ruth & Block, 1996). This mode suggests the validity of Fraiberg, Adelson, and Shapiro's (1975) note of how victims sometimes identify with

their aggressor in order to cope with the trauma. In their study involving the transmission of caregiving patterns across three generations (grandmothers, mothers, and infants), Kretchmar and Jacobvitz (2002) illustrate empirical evidence that relationship dynamics are often recreated from one generation to the next; parents tend to respond in times of stress according to their internalized views of previous experiences.

However, it is important to note that research demonstrates that when it comes to transmission of trauma, there is no direct link between parents' own childhood attachment experiences and their parental behaviour; the link is noteworthy only when taking into account the parent's (or caregiver's) *mental representation* of their attachment experiences (Alexander, 2015; Cassidy & Mohr, 2001; van Ijzendoorn & Bakermans-Kranenburg, 1997). Essentially, studies show that it is a parent's (or caregiver's) understanding or state of resolution about their past that actually affects their behaviour towards their own children.

To evaluate this as well as the consequences of childhood attachment styles later on in life, the Adult Attachment Interview (AAI) was created and administered by Main and Goldwyn (1998). This questionnaire looks at how adults tell the story of their childhood experiences. As opposed to self-report statements of attachment trauma, this interview is meant to examine not only the content of the narratives, but the cohesiveness and manner in which they are told. These characteristics of how memories are recounted are meant to demonstrate an adult's current attachment style (Alexander, 2015; Cassidy & Mohr, 2001; Siegel, 2012; van Ijzendoorn & Bakermans-Kranenburg, 1997). As mentioned earlier, an autonomous attachment style in adulthood is linked with secure attachment in childhood. Additionally, the results of the AAI show that a *dismissing attachment* style in adults is linked to an avoidant attachment style experience in childhood; a *preoccupied attachment* style in adulthood linked to ambivalent attachment style in childhood; and, most relevant to the purposes of this research paper, *unresolved attachment* in adulthood linked to what would be an experience of disorganized attachment in childhood (Alexander, 2015; Main & Goldwyn, 1998; Steele, Steele, & Fonagy, 199; van Ijzendoorn & Bakermans-Kranenburg, 1997).

Unresolved trauma and loss: A key aspect in intergenerational transmission. Many studies have focused on the link between disorganized attachment in children and *unresolved* trauma and loss in adulthood, with results demonstrating that this is a key feature in the question of intergenerational transmission of trauma (Alexander, 2015; Benoit & Parker, 1994; Berthelot

et al., 2015; Cassidy & Mohr, 2001; Jacobvitz, Leon & Hazen, 2006; Kim, Fonagy, Allen, & Strathearn, 2014; Lyons-Ruth & Block, 1996; Steele et al., 1996; van Ijzendoorn & Bakermans-Kranenburg, 1997).

According to Cassidy and Mohr (2001), the *unresolved* code from the AAI is attributed to adults who describe episodes from their childhood with lapses in reasoning, irregularities, confusion, or dissociations (e.g. not finishing sentences, long pauses, disoriented speech, and marked shifts in rhythm of speech, etc.). These notable characteristics mimic the behaviours seen in children exhibiting disorganized attachment style, and it is strongly suggested that adults considered unresolved in their response to past trauma and loss are more likely to have children with disorganized attachment style. One of the most recent studies on this topic observed a 70% concordance between disorganized attachment and mothers with unresolved trauma and loss (Berthelot et al., 2015). This particular study found that unresolved trauma specifically (as opposed to unresolved loss) held the most weight in terms of impact on infant attachment. The authors explain that the reasoning for this is that the caregivers struggle to adequately and appropriately respond to the attachment needs of the child, due to the impacts of their own history of trauma. As mentioned earlier, it is not the characteristics of the trauma, nor merely the presence of trauma in childhood itself, that affect an adult's parenting behaviour; the aspect mediating the repetition or transmission of trauma is the adult mental representation, understanding, or mentalization regarding this experienced trauma (Alexander, 2015; Berthelot et al., 2015; Jacobvitz et al., 2006).

Berthelot et al. (2015) use the term *mentalization* (based on Fonagy's (2002) usage of the term with regard to attachment) to describe the caregiver's decreased ability to come to terms in a coherent way with the trauma or loss they experienced in childhood. They explain that these caregivers have less of a capacity to consider how the trauma has impacted them emotionally and psychologically and that this absence of awareness leads them to be more vulnerable to failures in responding/attuning to the needs of the child. Alexander (2015) and Fraiberg, Adelson, and Shapiro (1975) concur that being *unresolved* with regards to experiences of trauma leads caregivers to have difficulties in regulating their reactions in times of stress, fear, and helplessness; not being aware of their own reactions means that they may respond in inappropriate ways when their child is also in states of fear or distress. These caregivers may be responding in automatic ways to frightening moments, exhibiting behaviours that may, in turn,

be frightening to their child. Not only may the caregivers exhibit frightening behaviour, they may also appear unable to take on the role of protector when their child is in need. At times, the child may even be what is triggering to the caregiver, bringing back traumatic memories from their own childhood. These instances are especially common in cases of experience attachment trauma, where the caregivers end up disengaging (a form of dissociation), unable to serve as an adequate guard against distress for their child (Kim et al., 2014).

Research by Lyons-Ruth and Block (1996) suggests that parents' state of mind (having not come to terms with past trauma) is communicated by their behaviour as parents in times of distress or emergency, leading to possible disorganized attachment patterns in the children. Lyons-Ruth and Block (1996) call this inadequate attunement or reaction to their infants in time of need *disruptive responsiveness.* They noted, along with many other authors, that parents who had experienced prolonged childhood trauma, especially attachment trauma, engaged in a coping mechanism akin to dissociation in times of distress in order to protect against re-experiencing negative emotions associated with the trauma (Alexander, 2015; Kim et al., 2014; Lyons-Ruth & Block, 1996). Interestingly, here we see another avenue where neurobiology may enter and complement the attachment-based research.

Kim et al. (2014) have noted that maternal unresolved attachment trauma could diminish the ideal maternal response to infant stress due to changes in the amygdala. They found that maternal disengagement, referring to caregivers who cannot respond adequately and are not attuned with their infant, is connected to a blunted amygdala response. This is the area of the brain associated with fear appraisal and attunement, and often the most affected region after experiencing trauma. This study supports the notion also brought up by Lyons-Ruth and Block (1996), amongst others, that caregivers who disengage and do not respond appropriately to their infant's needs in times of distress are doing so in order to guard against dysregulating responses to memories from their own experienced trauma; these blunted emotional responses are a result of the early onset trauma, specifically attachment trauma that they have not been able to come to terms with, remaining unresolved. The concept of unresolved trauma demonstrates how the cycle of attachment trauma is perpetuated; without a sense of resolution or capacity for mentalization, a caregiver who experienced attachment trauma may end up repeating similar frightening or frightened behaviour with their infants (engaging in abusive, neglectful, or disengaged reactions in times of stress) that they themselves experienced or witnessed. This parenting behaviour

augments risk of developing disruptive attachment patterns with their children, leading the infants to experience attachment trauma, thus enabling the cycle for another generation to come (Kim et al., 2014; Lyons-Ruth & Block, 1996).

Resilience and Treatment

Resilience. Despite this evidence suggesting the likelihood of attachment trauma being passed onto subsequent generations, there is also research demonstrating the importance of resilience and protective factors when exploring transmission of trauma. For instance, Lyons-Ruth and Block's (1996) research on trauma and maternal caregiving demonstrated that 42% of their participants who suffered early childhood trauma still managed to maintain a secure attachment bond with their own children. They explain this phenomenon by the notion of "earned secure" (p. 271) adults. This term refers to adults who have had disrupted attachments or trauma in childhood, but who have come to terms with the events of their past and have adopted a coherent view of their childhood experiences (Alexander, 2015; Lyons-Ruth & Block, 1996; Mucci, 2013; Siegel, 2012; Shemmings & Shemmings, 2011). The concept of earned secure adults brings us to an important element of attachment theory, stating that adults who have experienced childhood trauma and could come to some kind of resolution with their past and talk about it in a sound and coherent manner are more likely to pass on this state of mind to future generations, and create secure bonds with their children (Steele et al., 1996). This idea is very much in line with Bradley and Davino's (2007) definition of resilience as being "the ability to derive meaning from traumatic events and to place the memories into context, (…) ability to form meaningful relationships with others, and ability to regulate affect" (p. 123).

Similarly, Luthar, Cichetti, and Becker (2000) define resilience as a "dynamic process encompassing positive adaptations within the context of significant adversity" (p. 543). The notion of earned secure attachment appears to be a way, using attachment theory principles, to explain the process in which a person exhibiting resilience may go on to make sense of their past and interrupt the cycle of trauma. Alexander (2015) describes several factors that together may contribute to resilience in an individual having experienced attachment trauma specifically. On an individual, trait-based level, these factors include capacity to regulate emotions, capacity for reflective functioning, and capacity to adapt or modify the expression of impulses depending on context/situation (ego resilience). These factors are said to be easier to access for some individuals despite the traumatic experiences they have endured (Alexander, 2015). They may

also be enhanced by a relational-based contributor to resilience, which is explained as individuals having managed to form important relationships with alternative attachment figures (Alexander, 2015; Phelps, Belsky & Crnic, 1998). These relationships are often formed through friendships, or with non-parental kin, partners, therapists, or through the felt sense of belonging within a spiritual community, and have in common the sense that the individual is being seen and understood, "no matter what", by the other person (Alexander, 2015; Phelps et al., 1998). Having supportive alternative relationships outside the traumatic bonds with caregivers provides a possibility for infants and young adults to form secure attachment experiences, enabling a different, more positive IWM of relationships to be formed (Alexander, 2015). These relationships become protective factors against perpetuating cycles of trauma, and help develop resilience to survive and find meaning despite great adversity.

Along with the support of alternative attachment figures, Meichenbaum (2014) suggests that resilience is equally linked to our capacity as human beings to "manufacture meaning" (p. 330) by being able to organize our life events into stories we integrate into our understanding of ourselves and others. He focused on the human capacity for *storytelling*, a capacity that is diminished after experiencing trauma as memories may become fragmented and incoherent, or hyper-saturated. Concurring with the attachment-based concepts of earned secure and unresolved loss and trauma, Meichenbaum's (2014) idea that being able to create a cohesive narrative (or story) about one's traumatic experience is central to the ability to heal, and may prevent the intergenerational transmission of attachment trauma.

Treatment. For the purposes of this research paper, I will be focusing on treatment of adults, and specifically caregivers or parents, who have experienced attachment trauma in childhood, and are dealing with the consequences. Allen (2013) proposes that talk therapy, with an emphasis on mentalizing, is what clients dealing with attachment trauma need. The author insists that because these clients tend to have experienced very painful emotional states alone (physically or psychologically), treatment in therapy should provide them with a space where they can begin to emotionally connect and feel validated, in a safe way. The emphasis on mentalizing capacities links back to the theory on attachment and transmission of trauma; Allen (2013) states that in order to promote and enhance clients' capacity to mentalize, the therapist should model this by remaining inquisitive, curious, open-minded, and attuned to the mental states of their clients. Essentially, Allen (2013) suggests that the crux of treatment for adults

dealing with attachment trauma lies in the therapist's ability to make their clients feel validated, understood, and safe in order to "counter the invalidating experiences" (p. 372) of their past.

Similarly, Pearlman and Courtois (2005) emphasize the relational treatment of attachment trauma, stating the importance of building a secure attachment experience between client and therapist. They, along with Allen (2013), explain that the creation of a secure therapeutic alliance and the maintenance of the therapeutic frame is essential before addressing other issues that become present in therapy. Once this is established, according to Pearlman and Courtois (2005), the therapist can then proceed to name, identify, and bring awareness to the behaviours and processes the client may be exhibiting (e.g. re-enacting attachment experiences with therapist, dissociative tendencies, patterns in relationships, etc.).

The validation of the client's experience is just as important when working with parents and their infants (Belt et al., 2012). Fraiberg, Adelson, and Shapiro (1975), in their well-known article about intergenerational transmission of trauma, illustrate how psychotherapy for the parent, combined with educational and development observations concerning the infant, can help bring awareness about one's attachment and relationship patterns and help curb the transmission of these patterns onto the child. A more recent example of this kind of treatment is found in Belt et al.'s (2012) study regarding mother-infant dyad treatment for mothers having experienced trauma, loss, and substance abuse issues in the past. Their article equally points to the necessity of providing an experience of being "seen" and "heard" for the client. The authors explain the process of treatment, which includes helping the mothers become more aware of how their past has affected them (similar to the concept of mentalization mentioned earlier) and allowing them to "work peacefully through painful experiences" (p. 113), while also supporting the infant's development and attachment needs. In both these articles, the authors appear to emphasize the idea that the therapist may simultaneously help the caregiver work through their history of attachment trauma, as well as provide the opportunity to help parent and child bond, while supporting the needs of the child. Belt et al. (2014) speak of wanting to foster "reciprocal joy" (p. 111) between the mothers and their infants, in order to help both integrate a positive representation of caregiving.

Beyond the processes of bringing awareness, fostering mentalizing capacities, and building secure attachment relationships, there is also a narrative approach to working with adults dealing with attachment trauma. As it was brought up earlier, Meichenbaum (2014)

espouses the human ability to create stories about our experiences as means to healing. Correspondingly, McCollum (2015) suggests that in treatment of trauma, especially with regards to breaking the cycle of abuse, helping clients develop a narrative of what occurred enables them to come to an understanding of their experiences. McCollum (2015) states that therapy can become a process where clients "expand[ing] life stories to set their experiences in the context of a coherent multigenerational family history" (p. 573). This therapeutic approach, as Meichenbaum (2014) states, allows for clients to feel a sense of "authorship" (p. 331) concerning the events in their life, providing healing through strengthening self-confidence, agency, and feelings of hope. The therapeutic process of re-creating, re-contextualizing, and re-telling one's story enables a new understanding or *meaning* to emerge out of a tragedy; the client may then have a better way of interpreting their past and understanding their present situation, so that their trauma does not remain the defining aspect of their life (Meichenbaum, 2014).

Chapter Two: Existential Therapy and Meaning-Making

Overview

The origins of existential therapy, also known as existential psychotherapy, are in Europe in the 1940s and 1950s, with its roots in the writings of 19th century philosophers such as Søren Kierkegaard and Friedrich Nietzsche (May & Yalom, 1989). Psychologists and psychiatrists in the 1940s and 1950s were seeking an alternative mode of psychotherapy from those predominant at the time, including Freudian psychoanalysis, behavioural therapy, and Jungian analysis (May & Yalom, 1989). Existential therapy is often encompassed within the humanistic approach to therapy, which promotes the concept of free will and the individual's personal worth (Lowenstein, 1993). As a primary premise, existential therapists adopt the view that people exist in a world they cannot always control, but must ultimately be responsible for their own destiny. Rollo May and Irvin Yalom (1989) explain that although existential psychotherapy is not a specific technical approach, it provides clinicians with a set of guiding ideas and basic concepts that can be integrated into their own practices and approaches.

One of the main tenets of existential therapy, one that initially drew mental health practitioners to this approach, is the focus on the client as an individual in the present moment whose perception of what is occurring is key (May & Yalom, 1989; Ryckman, 2013). Existential therapists differentiated themselves from Freudian, Jungian, and behavioural therapists by putting emphasis on the individual in the here-and-now, a person's uniqueness, and a person's

responsibility to act and make choices (May & Yalom, 1989; Ryckman, 2013). They believed strict Freudians overly emphasize the instincts and drives propelling an individual to act while forgetting the individual living the experiences; felt behaviourism focuses too heavily on abstract laws and external stimuli; and noted that Jungian therapists often jump to theory instead of staying with immediate issues at hand (May & Yalom, 1989). Additionally, as opposed to a purely scientific approach, which emphasizes the objective truth of a phenomenon, existential theory proposes taking into account one's subjective view as well. May (1961) states that, ultimately, we should bring our inner world (the subjective experience) into the realm of the sciences (the objective), exploring our own perception of experiences first, and then trying to study these experiences as objectively as possible. This points to the importance of the client's role in existential therapy as a unique individual, experiencing issues in their own way.

Basic Concepts

There are many basic concepts that existential therapists deem important to consider when treating clients. I will present a brief overview of some of these concepts that provide a sound foundation in this approach and are most relevant to the research question at hand.

Ways of being in the world. Existential therapists are concerned with the realization of "being in the world" (basis in ontology, meaning the study of *being*) as described by May and Yalom (1989). This notion of *being* essentially points to the individual's awareness of themselves in the world, as opposed to *not being,* which includes negation of the self, conforming to the masses, and ultimately death. May and Yalom (1989) explain that the concept of *being in the world* is significant because an environment, or *world*, is constituted by how one interacts with it, meaning that a person's world is designed, constructed, and affected by how the person relates to and with it. Existential therapists recognize three forms of world or ways of being in the world: *Umwelt*, the biological environment/world around us; *Mitwelt*, the relational world of social interactions and dynamics; and *Eigenwelt,* which is one's inner world or relationship with oneself (May & Yalom, 1989; Ryckman, 2013; van Deurzen, 1997). Ryckman (2013) notes that clinicians coming from an existential viewpoint believe that humans live in all three worlds simultaneously and that examining clients' way of *being* in each *world* is key to fully understanding their personality and issues at hand in therapy.

Normal and Neurotic Anxiety. Existential therapists use the term anxiety in a broader way than some other psychotherapeutic groups, as they view it arising from an individual's

personal need to survive/preserve their being. For instance, May (1977) views anxiety as a warning against threat of danger, whether physical danger, psychological danger, or the loss of values (May, 1977). May's (1977) conceptualization of existential anxiety focused on his understanding that there is normative anxiety and neurotic anxiety. These two kinds of anxiety, both of which may appear in therapy, are considered different because of their constructiveness and potential; when one can confront anxiety in a constructive way, when it is proportional to the present threat and doesn't require defenses to be managed, it is considered "normal" (May, 1977). However, when one must build defenses to protect against disproportionate anxiety, it is considered neurotic and not constructive (May & Yalom, 1989). According to existential therapists, a healthy way of going through life would require tolerating the unavoidable anxieties of living, and so therapy would involve reducing neurotic anxiety as much as possible, but would not attempt to remove all anxiety, as this is considered a natural part of life and necessary for survival (May & Yalom, 1989).

Four Ultimate Concerns. According to Yalom (1981), there are four primary concerns that humans must deal with and that often cause inner conflict. Existential therapists emphasize the role that *death* and our awareness of mortality has on how people live their lives (May & Yalom, 1989; Ryckman, 2013). Yalom (1981) explains that the inevitability of death is perhaps the most obvious of human concerns. He states that the fear of death that preoccupies humans forces them to build up defences to ward off the fear and awareness of their own mortality. Yalom notes that these defenses are usually based in some form of denial, which is sometimes maladaptive. One of these forms of denial is termed *specialness,* and it encompasses multiple behaviours and beliefs that individuals engage in, which, at an unconscious level, promote ideas of immortality, invulnerability, and inviolability (May & Yalom, 1989; Yalom, 1981). Examples of such behaviours or character types include individuals with a narcissistic character structure, and "self-aggrandizing paranoid individuals" (Yalom, 1981, p. 115). When their belief in their specialness is compromised, they are confronted with their anxiety and fears, and often seek out help or go into rage (May & Yalom, 1989). Another mechanism of denial proposed by Yalom is irrational belief of an *ultimate rescuer,* who is meant to guard and protect the individual. The author explains that in these cases, people will passively depend on a dominant figure in their life for guidance and protection, and may appear to adapt to difficult situations well. However, in the

absence of their ultimate rescuer or "dominant other" (p. 116), they will experience distress and will not be able to cope with facing their own fears (Yalom, 1981).

A second concern Yalom (1981) discusses is *isolation.* May and Yalom (1989) explain that the consciousness we gain early on when differentiating ourselves from others leaves us with the knowledge and sentiment of being fundamentally lonely, as there is a gap that can never be bridged between our consciousness and that of others. This is not a physical state of isolation, but a profound inner state of awareness, similar to the awareness of death, which is important to be aware of and confront. Physical proximity or important relationships may lessen the effect of such existential isolation, but can never really eliminate it. This yearning to lessen the pain of the awareness of fundamental isolation is what brings many individuals to engage in interpersonal behaviours that may become maladaptive (May & Yalom, 1989). The authors explain that in a wish to be protected and ward off loneliness, a person may merge or engage in *fusion,* an attempt to become one with another while stunting one's own personal growth. Fusion is often at the basis of love and romantic relationships, and may also be present in individuals longing to be part of organizations, groups, or a particular cause, and promotes the wish to conform in order to merge with others (May & Yalom, 1989). However, the authors note that if an individual is able to confront and face their fundamental isolation with resoluteness, this awareness and acceptance may help them form loving and healthy relationships with others, as they are not using others to fulfill a need that ultimately cannot be filled.

A third concern that Yalom (1981) explains may bring about anxiety or inner conflict is *freedom.* Although the idea of freedom may be viewed as an unequivocally positive concept, in an existential framework, freedom is associated with a certain amount of dread and inner conflict, as it refers to humans ultimately being responsible for their own choices and their world (May & Yalom, 1989). Becoming aware of our freedom may cause anxiety, as we face the unpleasantness of realizing we must create our own selves and world with *nothingness*, or a *void*, as a base. An internal conflict is formed when one becomes aware of this freedom and its potential, but still yearns for grounding and structure on which to base decisions and choices (May & Yalom, 1989). The concepts of *responsibility* and *willing* are important in existential psychotherapy, and become noteworthy when looking at the concerns stemming from freedom. May and Yalom (1989) explain that many individuals who enter therapy tend to displace responsibility onto other people and life circumstances. Additionally, they state that some clients

will deny responsibility for their situation by taking on an "innocent victim" (p. 272) role. Acknowledging one's freedom brings the awareness of one's responsibility in their life situation, and this puts into action the option to change. The authors describe the process of *willing* as being the transition from responsibility to action. In order to *will* something, May (1969) states that one must first *wish,* and then *decide.* May and Yalom (1989) go on to explain that people often have difficulty in simply coming up with a wish, because wishing is closely linked to feelings and emotions that may be blocked in some individuals. Being disconnected from one's feelings, needs, and emotions means that the connection between wishing for something and deciding to pursue is stifled, thus interrupting the cycle that May and Yalom (1989) point out with regards to *willing* something and enacting change, and thus exhibiting responsibility for these actions.

The final fundamental concern Yalom (1981) brings forth is *meaninglessness.* He states that this internal conflict is based on the questioning that many individuals have regarding finding meaning in a world that appears meaningless when acknowledging isolation, freedom, and the inevitably of death. May and Yalom (1989) explain that human beings are designed to require and seek out meaning. According to theories of cognitive psychology and neuropsychology explained by Goldstein (2013), the human brain categorizes and patterns stimuli in order to recognize and integrate it. This function, labelled *sensory processing*, is at the basis of how we come to understand, learn, and function within our environments (Goldstein, 2013). Similarly, humans tend to want to organize and seek out patterns in their inner emotional world, as well as their interpersonal world, in the same way they do with random stimuli, in order to find understanding and meaning. May and Yalom (1989) note that finding meaning is important, as it links to our value system, creating a schema about *how*, but also *why* we live our life the way we do.

Searching for Meaning and Meaning-Making

The search for meaning in a world that has no apparent meaning is connected to what Viktor Frankl (1962/1982) aimed to explore with *Logotherapy*, and is also linked to the concept of *meaning-making* found within many therapeutic frameworks. Viktor Frankl's theory of Logotherapy is the foundation for addressing how to live in the world while searching for meaning (Wong, 2014). Additionally, the idea of meaning-making, which is essentially the process of making sense of the world when confronted with difficult or stressful events, is often

linked with cognitive and narrative-based therapeutic approaches, while still touching upon themes that come up in existential therapy (Park, 2010; Wong, 2014). Wong (2014) explains that the processes of meaning-making and *meaning-seeking* are both therapeutic and essential for healing, but should not be confounded.

Viktor Frankl's Logotherapy. Viktor Frankl was a psychiatrist who, having survived the Holocaust, wrote about his experience in a concentration camp, where he applied and further formulated his theory that human beings are fundamentally driven by the search for meaning; that having or simply seeking a higher meaning in life allows humans to survive the most difficult situations (Frankl, 1962/1984; Wong, 2014). This idea of searching for meaning as being the driving force in humans developed into a psychotherapeutic approached called Logotherapy (based on the Greek word *logos*, denoting *meaning*). Frankl (1962/1984) described this approach as focused on the future and less introspective than regular psychotherapy. The goal, according to Frankl, is to help clients confront and reorient towards the specific and unique meaning of their lives. Frankl believed *will to meaning* is the primary motivational force for human beings, and is not a defense mechanism or rationalization process, as some other clinicians may perceive. For Frankl, *meaning*, which encompasses values and ideals, is authentic and genuine in humans, and represents what many individuals are willing to live and even die for. It is precisely this meaning, or the striving for meaning, that helps individuals get through terrible and frightening situations or events.

Frankl believed that the frustration or inner conflict that one might feel while searching for their personal or unique meaning is not pathological or unnatural. He explained that this inner tension of striving towards something greater than ourselves, as well as facing the gap between what one is and what one should become, is essential for mental health.

Frankl described different ways in which a person might go about discovering their own meaning in life. The ways can be divided into three categories: creative, experiential, and attitudinal (Frankl, 1962/1984; Wong, 2014). The creative category involves the creation of work or the "doing of a deed" (Frankl, 1962/1984, p. 115), thus bringing achievement or a sense of accomplishment. The category described as experiential by Wong (2014) involves experiencing something that brings a sense of meaning, such as beauty, truth, culture, or goodness. This category also involves experiencing or encountering another human being who brings a sense of meaning, through love. The final category refers to the attitude one adopts when faced with

unavoidable suffering. Essentially, Frankl believed that when confronted with difficult events or situations beyond control, humans may find a way of developing meaning out of the situations, stating that when we cannot change a situation, we can "change ourselves" (p. 118) by forming a new perception or understanding of the situation or ourselves. To be clear, Frankl did not believe that suffering caused meaning, but that humans had the capacity to find meaning despite horrible circumstances. The ways to discover meaning are linked to other concepts Frankl espoused, such as self-growth, self-transcendence, and spirituality. It is relevant for our purposes to state that one of the main features of human existence, according to Frankl's Logotherapy theory, is to rise above predetermined conditions. Essentially, the search for meaning promotes the ideal that humans can, and have the responsibility to become what they desire for themselves, despite biological, sociological, and psychological endowments (Frankl, 1962/1982; Wong, 2014).

Meaning-Making. Park (2010) explains that although it has been difficult to define, meaning is considered within many streams of therapy to be important in facing difficult and stressful situations. The process of meaning-making takes on a variety of perspectives depending on the approach. These perspectives include focusing on narrative and personal themes, reorganizing autobiographical memories, and helping to reconfigure the client's underlying cognitive structures (Park, 2010).

Regardless of the basis of the approach, Park (2010) has found that there is a consensus on the basic tenets of the process of meaning-making. These basic tenets begin with the notion that people possess an inner cognitive system called *global meaning* that is considered to be a framework or orientation system for interpreting and understanding the world. Global meaning includes beliefs, values, and internal representations, and also provides purpose and direction towards future goals. It is thought to be constructed rather early in a person's life, and may be modified throughout life depending on lived experiences. There is also an understanding that, when confronted with a challenging or stressful occurrence or event, humans tend to appraise the situation and assign a meaning to it, a phenomenon labelled *situational meaning*.

Situational meaning is triggered by a stressful event and is dependent on the occurrence; it is the spontaneous and in-the-moment evaluation of an experience. The author explains that when a person's global meaning does not match up with the *situational meaning*, a certain amount of distress develops due to the discrepancy. This distress, similar to the concept of *cognitive dissonance,* defined by Merriam-Webster as the internal conflict caused by holding

contradicting or inconsistent beliefs at the same time, is what initiates the process of meaning-making, an attempt to reduce the distress caused by the divergent sense of understanding experienced by an individual after a troubling occurrence. The belief is that meaning-making helps one make sense of the world, promotes feelings of meaningfulness, and can help the person feel their life is worthwhile after having experienced a situation, whether positive or negative, that destabilizes their understanding of the world. If the process of meaning-making is successful, the person will then have a better time adjusting to stressful events in the future.

There are various patterns that can be drawn when looking at the process of meaning-making. Park (2010) synthesized and described some of these patterns, both adaptive and maladaptive, that fall into four categories, which are thought to be overlapping and not necessarily mutually exclusive.

The first pattern or "scheme" (p. 259) is referred to as *automatic/deliberate*. This points to the meaning-making process as sometimes happening in an automatic or unconscious way (such as intrusive thoughts or avoidance of memories/triggers) versus deliberate efforts to work through the experience by implementing coping strategies like reappraisal, focusing on the positive, or activating spiritual beliefs.

Another pattern to note is the *assimilation/accommodation* process. The assimilation process refers to the attempt to reduce the distress by changing situational appraised meaning to coincide with a person's global meaning, while accommodation would be adjusting one's global meaning to fit with what the situational meaning provokes.

The third category of scheme Park (2010) designates is *searching for comprehensibility versus searching for significance*. The author refers to Janoff-Bulman and Frantz's (1997) description of the two to clarify the distinction. They state that searching for comprehensibility is about attempts to make sense of the event or have it fit within a set of rules or theories, whereas searching for significance is about finding a value or worth to what has occurred.

Finally, Park (2010) discusses the difference between *cognitive* and *emotional processes* with regards to meaning-making. With the cognitive process, the focus is on reworking beliefs and integrating "experiential data with pre-existing schemes" (p. 260). The emotional side of the meaning-making process involves re-experiencing and exploring feelings while working on regulation of affect. These two processes often happen together as reappraisal and comparisons

of beliefs/understanding of the event is done with a certain amount of reflection and awareness about emotions evoked.

The results of the process of meaning-making is referred to as *meaning-made* by Park (2010). The author goes over the many ways in which the meaning-made can be described or understood. These include: feeling that "it makes sense" (p. 260), coming to an acceptance, perceiving growth or positive life change, and a changed sense of life meaning.

The process of meaning-making, although not explicitly linked to existential therapy or Logotherapy, does bring forth some similar and relevant themes. In both cases, we can see how the authors encourage the idea that, despite confusing, stressful, and unavoidable events or conditions, people have a tendency and capacity to overcome and cope. Wong (2014) concurs with this notion, stating that regardless of the chaos and absurdity of life, there is a possibility for an ultimate meaning to be formed, and that this attempt at formulation may indeed help cope with trauma.

Chapter Three: Art Therapy and an Integration of Theories to Help Break the Cycle of Attachment Trauma

Art Therapy

In the first chapter of this research paper, I provided an overview of the concept of attachment trauma, its origin being in disrupted attachment relationships between caregivers and children, leading to potentially traumatic feelings of helplessness and fear in children. The intergenerational aspect of attachment trauma was equally presented with an overview of the literature, demonstrating how children having experienced this form of trauma grow up with and maintain neurobiological and interpersonal effects. These may then be transmitted through epigenetics and biologically based responses to stress, as well as through repeated patterns of disrupted caregiving and internalized attachment models. In looking at treatments and potential for resilience to interrupt the intergenerational transmission, I provided evidence for the beneficial use of psychotherapy, with an emphasis on safety, therapeutic alliance, and coming to terms with unresolved trauma, as a means of healing. In this section, I will focus on art therapy as a particularly appropriate approach in addressing issues related to memory, sensory responses, interpersonal relationships, and creation of meaningful narrative in the healing process for adults. Specifically, I will look at art therapy within the context of trauma-informed practices, which

focus on the consequences and symptoms of trauma on an individual taking into account neurobiological, psychological, and social effects, as well as attachment-based approaches, focusing on the relational experiences with clients (Berry & Danquah, 2015; SAMHSA, 2016).

Attachment/Trauma-Informed Art Therapy. Malchiodi (2016) states that trauma-informed art therapy includes neuroscience and neurodevelopmental approaches, somatic approaches, mindfulness techniques, narrative practices, and resilience-promoting methods, while keeping art-making at the core of the approach. She describes the key components of a trauma-informed art therapy practice as using sensory-based art activities to help identify bodily reactions, applying art and sensory-based self-regulation techniques, creating a sense of safety through the building of positive attachment relationship, and using art as a means to promote strength and resilience. There is a strong focus on establishing safety, regulating affect, enhancing attachment, and integration/reformulation of experiences in trauma-informed work.

Additionally, Malchiodi (2016) promotes Perry's (2006) Neurosequential Model of Therapeutics, which is a time-sensitive and developmentally based method of addressing areas of the children's brain that need additional nurturing and stimulation, by incorporating a neurosequential approach to art therapy to stabilize the body's dysregulated responses. This neurosequential approach involves introducing developmentally appropriate activities and art materials, depending on skills, behaviours, and responses in clients that demonstrate a brain area that has lacked sufficient nurturing.

Malchiodi (2014) mentions analogous themes when discussing art therapy work for attachment issues. She discusses the use of sensory-based interventions while focusing on non-verbal means of communication, maintaining regulation of affect, and emphasizing positive interpersonal relationship experiences. Although these key components of both trauma and attachment-informed art therapy work are discussed in the context of art therapy with children, similar themes and practices are suggested, and indeed applied, when working with adults. For the purposes of this research paper, I will focus on art therapy with adults having experienced trauma.

One of the primary uses of art therapy in the treatment of adults having experienced trauma is in addressing the neurological and biological impacts of trauma. As I discussed in the earlier section regarding the transmission of attachment trauma, the brain and the body are affected in many ways after experiencing traumatic events or prolonged interpersonal attachment

disruptions. Van der Kolk (2003) explains that trauma is stored in the non-verbal region of the brain, encoded as sensory material in one's implicit memory. This means that the emotional impact of trauma is not processed through the logic/language area of the brain, but is held within the pre-verbal subcortical regions and limbic system. This implicit memory activates lower centres in the brain, and causes inappropriate automatic responses within the body that are reactions to the unresolved past, not the individual's present situation. Art therapy becomes a key approach to addressing trauma due its sensory, somatic, and non-verbal approaches, as many authors such as Chong (2015), Gantt and Tinnin (2009), Talwar (2007), and Tripp (2006) assert. These authors emphasize the bottom-up neurological approach, which art therapy can provide in terms of treatment for survivors of trauma; art-making allows for a connection to sensorimotor processes and a connection with the body which verbal therapy does not provide.

As Chong (2015) states, the use of various art materials such as clay, fabrics, or paint, which provide a sensory experience for the client, aid them to become aware of their bodily sensations, and also bring soothing experiences. Art-making offers the potential to slow down and absorb high-impulse emotions (anger, frustration) that many adult survivors of trauma exhibit. The author adds that art also enables a mindful process of creation, providing self-soothing and emotional modulation through touch. Chong (2015) further explains that art materials may be projected upon and used/controlled by the client to reflect, mirror, and even amplify their inner states. Materials that can be manipulated and touched, like clay and plaster, or mediums that evoke movement/fluidity and lack of containment, like watercolours or chalk pastels, may be especially evocative for these reasons. The intentional use of art materials provides an opportunity for a deeper process of exploration and expression.

Furthermore, as Chong (2015) states, art-making, with its direct connection to emotional, pre-verbal, and emotional functions, can offer a way of accessing the traumatic memories held within the implicit level of the mind and body. The client may then begin to explore and process these memories, as well as express them through the safety of images and metaphor, proving less confrontational, and more suitable to the potentially indescribable character of traumatic memories, than words alone. Recreating the narrative in pictures first, using materials that feel containing and safe (markers, pencil crayons, or collaged images), and then converting it into a verbal narrative, may be easier and more accessible than beginning to recount what occurred with words alone.

The opportunity to process emotions that may be difficult to explore and express with words alone, through images and metaphor instead, is a fundamental strength of art therapy. Moreover, as Buk (2009) explains, the physical act of creating art provides a synthesis of both sensorimotor and perceptual levels (tactile feeling of materials combined with visual imagery to be looked at), which allows for a more engaged expression of traumatic memories in a symbolic/metaphorical way. The author emphasizes the client's capacity to, through art, express dissociated or cut-off feelings that were once unspeakable, in a concrete, tangible, yet symbolic way.

Another important characteristic of art therapy for trauma survivors is the sense of control it may provide. As Buk (2009) and Rubin (1984) discuss, a non-directive approach in art therapy allows the client to make decisions about their process and materials, promoting a sense of autonomy, control, and ownership, which may help decrease the possible feelings of helplessness and passivity internalized due to the experienced trauma. Even seemingly small decisions such as layout, colour choice, and length of time spent creating may enhance feelings of agency. Providing a concrete record of the client's active participation in the therapeutic process is essential to countering their feelings of powerlessness; art-making is a way of ensuring this record is tangible and lasting (Buk, 2009).

However, Gant and Tinnin (2009) suggest that a non-directive approach to art therapy may be detrimental in some cases, as the non-verbal mind is vulnerable to being triggered by reminders of the trauma, which may remain overwhelming and very much present for many individuals. With an emphasis on art therapy's potential for containment, they suggest an approach that is less focused on expressing emotions, and more focused on promoting an integration of a cohesive narrative that allows for the trauma to remain in the past, rather than being relived in the present. This approach is based on the idea that the implicit traumatic memories are not integrated and cannot recede into the person's personal history, but remain a constant and persistent threat that provokes instinctual responses (hyperarousal, dysregulation, etc.). Gant and Tinnin (2009) suggest that the telling of the story of trauma with images and words, with an emphasis on the context and narrative, allows the client to put together the fragmented recollection, and permits certain ownership, integration, as well as an opportunity to process this information into a personal history that is not dissociated from the client's self.

Talwar (2007) describes an Art Therapy Trauma Protocol (ATTP), which integrates a client-centred approach to therapy with cognitive-behavioural therapy (CBT) techniques to address the affective disruptions present in individuals having experienced trauma. The client-centred approach is important in order to focus on and acknowledge the unique feelings, values, and perception of reality from the client's point of view, while the CBT brings the support to change some of the self-perceptions that may be more negative into positive and adaptive ones for ultimate functioning in the future. The ATTP process involves the client's exploration of struggle through art-making, understanding their somatic responses that include reactions from the nervous system (fight, flight or freeze, and hyperarousal states), and affective/emotional cognitions related to the trauma, and then moving into secure/positive state by accessing images of safety, regulation, and mastery. The kinesthetic and sensory act of making art provokes a state of *suspension*, which means that the client enters a mode where, with each decision (composition, material choice, etc.) or transition (from verbal to visual statements when creating an image), dual processes are being used to activate both left and right brain.

The ATTP, described by Talwar (2007), where painting is done standing up, in movement with both dominant and non-dominant hands, is based on EMDR (eye-movement-desensitization-reprocessing) techniques and the concept of bilateral stimulation. This technique allows for a safe access and focus on traumatic memories, while physically engaging both hemispheres of the brain, which is meant to lead to a gradual desensitization of the negative memories/feelings and avoid re-traumatization. This is meant to help with the integration of the traumatic memories by transforming them from very present, invasive, and sensory-based memories into ones that can be accessed without automatic and overpowering physical and emotional responses. These memories may then become accurately understood and felt as past experiences, losing their potency and power over the client's present sense of safety.

Another interesting and relevant use of art therapy is in the context of dyadic therapy with mothers and their infants. Ponteri (2001) describes a study, done with depressed mothers and their babies, in which they engaged in various art-making and therapeutic interventions. Ponteri (2001) explains that mothers experiencing depression tend to be less sensitive and attuned to the emotional needs of their infants, which in turn impacts both the mother and child's capacity to regulate. As I explored earlier, this misattunement and disrupted attachment interaction is often found within cases of disorganized attachment and may prove to be traumatic

in the long-run for the child. The author espouses the benefits of art in enhancing self-esteem and promoting a sense of control. The study found that mothers' self-image and confidence were increased after art therapy interventions, and that they became more aware of their own internal and unresolved anxiety. The images they produced with their infants became a tangible means of representing affirmative and healthy moments of caregiving they themselves had not received in childhood; they could examine their own childhood, while at the same time use the art as a way to interact positively with their own children. Ponteri (2001) explains that the displays of affect were more positive after the art interventions in both mothers and children, and that the interactions between the two were overall more positive. Mothers were more engaged in creating a "cohesive play" experience with their infants, and this demonstrated more organized behaviour in the children. The art activity described in Ponteri's (2001) study involved drawing; however many art-making experiences, using a variety of materials, can help promote bonding between caregiver and child, ultimately enhancing attachment experiences.

Lucille Proulx's (2003) work in dyadic art therapy with infants and their parents demonstrates how art therapy can become a metaphor for attachment. Proulx (2003) suggests that materials like flour, glue, chalk, clay, or sandpaper hold symbolic (and sensory) significance, often in relation to very early non-verbal memories, that may help to explore issues of attachment. The reactions to the materials as well as the interactions between parents and infants in using the materials together can be noted and used as a means to reflect the attachment relationships present.

These are just a sampling of examples and methods of using art therapy in the treatment of trauma and attachment issues. Many other techniques, such as EMDR, which focuses on bilateral stimulation of the brain (Tripp, 2007), and interventions following Judith Herman's three-stage model of trauma recovery (Rappaport, 1998), have been studied as being applicable within an art therapy approach, and are considered to also be viable ways of going about treating trauma. Unfortunately, a large portion of the art therapy literature on this topic focuses on the treatment of PTSD, without mentioning the impact of attachment trauma (or developmental/complex/relational trauma).

Existential Art Therapy. Bruce Moon, in his textbook Existential Art Therapy: The Canvas Mirror (2009), introduces the main concepts and tenets of art therapy used within an existential framework. He explains that the arts have always been connected with the exploration

and expression of the ultimate concerns in life. The four concerns, namely death, isolation, freedom, and meaninglessness, as I reviewed in earlier chapters, provoke internal struggles in people. It is precisely this struggle that Moon (2009) believes art therapy can help clients engage with. He explains that art-making and the art therapy process allows clients to explore the meaning of their lives as they work on facing the internal struggles they are dealing with. Art allows for a time of contemplation, which enables clients to have moments of reflection in which they can examine and transform their perception of everyday experiences.

Moon (2009) describes a reciprocal relationship between *anxiety-expression-awareness* that occurs in the art therapy process when considering an existential framework. He explains that artistic expression leads to a state that may cause anxiety because one is in the midst of the internal struggling they are becoming aware of. This anxiety propels change and action in the client, which in turn fosters further expression. The artistic process allows for awareness, which may cause anxiety, but which ultimately leads to understanding and transformation. The use of metaphor is key to exploring meaning in existential art therapy, as the clients may use their imagination forming their own personal imagery to fully express themselves. The process of selecting materials, making formal decisions, and filtering/editing means that the clients are essentially giving form to what is authentically theirs. The imagery is completely theirs as their unique metaphors and symbols are expressed, and thus meaning that is also completely unique to themselves may emerge. Moon (2009) calls this a process of creating structure out of their internal chaos.

The three main tenets of existential art therapy that Moon (2009) advocates are: *doing with*, *being open*, and *honouring pain*. The first one refers to the therapist's role in the art therapy process, as one who is by the side of the client, sharing the journey along with them. In this vein, Moon (2009) suggests the importance of the active role of the art therapist in the art-making process as well. Although this is not a practice that is recognized in all art therapy approaches, Moon (2009) encourages a reflective stance and suggests that the art therapist creating art along with their client may prove to be therapeutic in the end.

Being open is about accepting all the client has to show and give. A certain level of meaning is created in being open, and Moon (2009) explains that stories the client shares through art may result in becoming better integrated, understood, and owned. This sense of ownership is important, as the client will feel themselves move into a position of power; this new empowered

state fosters the ability to seek out, formulate, and take ownership of the meaning of their stories. Having the therapist there as an audience or witness validates and solidifies this process.

Finally, Moon (2009) encourages the idea of honouring the client's pain, stating that the role of the therapist is not to make others feel better, but to help their client discover meaning in their pain. Ultimately, in allowing the client to feel and explore their suffering through art-making, by containing and holding the pain, the client may shift position from role of the victim to hero of their life, as they learn to embrace and cope with life as it actually is.

Combining Approaches and Moving Towards Healing

Based on the work and ideas of authors and researchers described in previous chapters, I would like to address the research question of how art therapy, through an existential framework, may foster meaning-making in caregivers coming to terms with their own history of attachment-trauma. Having provided an analysis and synthesis of the literature regarding the transmission of attachment trauma, an overview of existential psychology with an emphasis on the importance of meaning, and a review of the literature concerning art therapy approaches, I will offer an integration of these theories in the context of art therapy as a first step in answering this research question. This section is a personal reflection in my own words and contemplations on the literature, and an attempt at conceptualizing the key elements necessary to break the cycle of trauma.

As we have seen in the literature, coming to terms with trauma and the process of creating meaning appear to be valuable ways of healing, which may help prevent the transmission of disruptive attachment patterns onto the next generation. The process of making meaning out of unresolved trauma seems to echo the views espoused by existential therapists: that the idea of coming to terms with something that is essentially senseless, unpredictable, and devastating is a heavy and complex task that may cause quite an internal struggle. In a therapeutic setting, a parent (or caregiver), or a potential caregiver (expecting child, preparing for adoption, etc.) who is struggling with this internal conflict may find validation in the basic concepts of existential theory, which could help to support and honour, albeit without alleviating, the complex task of trying to thrive by finding meaning in a situation that has no apparent meaning. This task may seem daunting in most cases, but may appear even more disheartening for individuals who have experienced trauma at the hands of their own caregivers. However, with an existential framework as a basis that grounds the client in the idea that it is acceptable to

open up to and confront what is unsettling and mostly uncontrollable, as well as a framework that may *honour pain,* as Moon (2009) states, art therapists could attempt to guide clients on a path to forming their own authentic, unique, and evolving version of the story of their life. The concepts of ownership and responsibility reveal themselves as quite vital in existential psychotherapy. It appears false, inappropriate, and not at all therapeutic to require survivors of attachment trauma to *own* or *take responsibility* for what happened to them. Instead, in the context of treatment for attachment trauma, we perceive this idea of ownership more with regards to helping the client shift out of a victim role with which they may still identify, into one where they may now feel empowered in their present. The client may come to terms with the trauma, integrate it into their life story, and find a way of *re-writing* their story in order to create their own meaning to make sense of it and to redefine their role and sense of control, legacy, and influence on the future.

This idea of redefining one's story is similar to what Meichenbaum's (2014) describes as a way to help clients build resilience and implement change after experiencing trauma. As the author states: "the client's ability to generate a coherent narrative helps to reduce distress and hypervigilance; increase a sense of control; lessen feelings of chaos, unpredictability, and absurdity; and help the client undertake mission-oriented meaning-making activities that are consistent with his or her values and that point to a direction to the future" (p. 333). The process of confronting unresolved trauma by creating a personal narrative is important in terms of making sense out of the *meaninglessness* of the trauma; the client may begin to feel a sense of resolve without denying, repressing, taking the blame for, or perpetuating the trauma. It also would have an impact in terms of integration of memories and usage of dual brain processes, moving from emotional pre-verbal memories to a contextual and cohesive understanding of events. Here, the art-making component becomes especially significant. As we have seen, art-making has an exceptional way of helping to access difficult sensory-based, pre-verbal experiences, while still providing a safe distance, a soothing effect, and containment of the overwhelming emotions. Additionally, the creative process would be uniquely fitted to the client, whose creative decision-making, choices, and expression would demonstrate distinctive characteristics of their perspective.

May (1975) defines creativity as "the process of bringing something new into being" (p. 39), and I would argue that the creative process of making art that aims to express a person's

unique understanding of their life experience would indeed signify that something *new* is coming into being. What is new in this case is the client's sense of meaning, understanding, and ownership of their life's story, and that they would then have the felt sense of meaning and agency for the future as well. Through their images, the client would get to explore what is truly theirs, without having it compromised by others, including the perpetrator of the trauma, who has potentially already affected the client's personal narrative by enforcing a storyline that demands holding silence or staging the client in a way of deserving the abuse. The artwork would provide tangible and exteriorized evidence of the client's unique experience of who they are, which they have control over in the usage of the art materials and formal decisions. They can create and make decisions that make sense to them personally, and have visual proof of their agency and empowered state.

The artwork also becomes a real, concrete, and physical object to be passed on. Here, the topic of intergenerational transmission becomes noteworthy as parents or caregivers struggle with the fear of what they might pass on to their children. As we have seen in the section on intergenerational transmission, a certain amount of biology and genetics is involved in the transmission of attachment trauma. However, with the existential framework in mind, I would argue that in the face of predetermined elements and uncontrollable circumstances, humans still have the capacity to thrive and find their own meaning in life. Thus, with art therapy and meaning-making narrative techniques, a client exploring their own past may find a sense of agency in deciding what role they may now want to take for themselves despite all the conditions they could not control. The artwork they make once again may prove to be a concrete reflection of their new understanding of themselves and their past, and may serve as a way to influence the future. With a new sense of meaning and resolution, parents and caregivers may wish to pass on something positive, empowering, and unique to the next generation. Art created in art therapy could potentially serve as a creative and potent legacy clients decide to pass on to their offspring, either symbolically with new creative understanding of their story, or concretely in physical images as reminders and gifts.

Art therapy has already shown to be beneficial to survivors of trauma for many reasons (Chong, 2015; Gantt and Tinnin, 2009; Talwar, 2007; Tripp 2006). It provides a way of expression when words are not easily accessed and can help tap into bodily and sensory-based effects of trauma that may be overlooked in verbal therapy. This would seem especially

beneficial in cases where clients have experienced attachment trauma, not as a specific or easily identifiable event, but in a chronic, non-verbal way. As it was explored in the first chapter, attachment trauma is often linked with disorganized attachment patterns, which may evolve out of the caregiver's dysregulation and misattunement with their child. This experience might be too complex to put into a verbal narrative form, and the nuances of the experiences may be more aptly expressed through metaphors, symbols, or manipulation of materials. Along with these beneficial aspects, there is the characteristic of art-making as being a creative pursuit that allows for meaning, authenticity, and ownership to emerge. With the tenets of existential psychotherapy in mind, along with how they may be integrated into art therapy interventions, I suggest that helping parents and caregivers come to terms with their own history of attachment trauma is a process of allowing them to redefine who they are and what they are capable of, without negating the trauma they endured. I would additionally suggest that this could be especially healing when done in a creative context where the use of art and personal images acts as evidence of the client's unique and authentic self. This would foster a sense of empowerment in the face of helplessness and meaninglessness, emphasizing that their creative life may be transmitted on to the next generation as a legacy, or inheritance of resilience.

Discussion

The topic of intergenerational trauma is a complex and vast field of research to explore. With this paper, I focused on trauma that occurs in childhood when an infant and their caregiver suffer from disrupted attachment. As I have explained, this disrupted attachment takes many forms and may impact the child as they become an adult in many different ways, including disorganized and insecure attachment patterns, neurobiological changes, dissociative tendencies, depression, and other mental health issues (Alexander, 2015). The aim of this study was to review existing theories regarding the issue of attachment trauma and integrate them with a philosophical standpoint that may serve as a beneficial framework from which to conceptualize treatment. The essential point that has emerged out of the integration of these theories is that a shift of perspective, or *role,* may, in the end, be the key to breaking the cycle of trauma. Parents or caregivers who have endured their own trauma may come to a point where they no longer associate with the helpless child within them, but begin to feel empowered.

In this theoretical paper, art-making as a way of facilitating the process of meaning-making was also explored. Due to the way in which art accesses sensory and symbolic levels of understanding and memory, art therapy appears to be a particularly beneficial way of expressing one's feelings about their experiences of trauma and fears regarding transmission, as well as a concrete and tangible means of re-imagining one's life story or legacy and enhancing feelings of agency and control.

The existential themes that were explored may serve as a guideline for art therapists and their clients while working through attachment trauma. They provide a basis for facing and overcoming difficult insights and feelings such as anxiety, guilt, and helplessness that may emerge when addressing trauma and intergenerational transmission. The literature appears to demonstrate that coming to terms with the trauma they endured and finding meaning within their life story signifies a shift in agency, influence, and felt sense of hope for the future.

Limitations

Due to the vast nature of this topic and the restricted scope of this research paper, certain limitations with regards to the literature and structure of the paper are relevant to the discussion.

Firstly, the sources used in this paper represent a small portion of the literature available on the topics at hand. The topic of intergenerational trauma is currently an especially popular and extensively studied field, with a vast amount of published literature over the last decade. I attempted to use both classic and more current sources to provide an appropriate balance of original theoretical perspectives and up-to-date information on the topics being reviewed. Much of the literature is still to be reviewed in order to offer an exhaustive analysis of the topics.

Additionally, the literature reviewed is predominantly based on North American and Western European data and authors. This could mean a certain limit in terms of multicultural and diverse perspectives on the topics of trauma, caregiving, and therapeutic treatment, amongst others, due in part to limits with regards to language and accessibility of non-European/American publications. A wider and more diverse sample of sources could be valuable in establishing a well-rounded and comprehensive study on the topics of intergenerational trauma, attachment trauma, and meaning-making.

An area of the literature that was not included in this study that I feel should be mentioned is the topic of social and cultural trauma. The phenomenon of cultural trauma is very much associated with the notion of intergenerational trauma due to recent studies conducted on

the long-term and cross-generational impacts on families of Holocaust survivors and Indigenous populations in North America, amongst many others. Alexander (2004) explains that cultural trauma "occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (p. 1). This concept is important to note when looking at the genesis and treatment of trauma, because in many cases, a wide range of social and cultural events, situations, conditions, and perspectives that are not always evident come together to perpetuate the trauma (Alexander, 2004). This means that it is crucial to not only look at individual and personal resilience and means of healing, but also take into account the context in which the trauma occurs, noting the socio-political and value systems in place (Alexander, 2004).

Implications and Recommendations

A certain number of implications and recommendations for future study are suggested. An imperative point to make is that the objective of meaning-making is one step in a complex and thorough process of the clinical treatment of trauma in art therapy. It is recommended that the concepts described here be taken in context of the larger therapeutic approach to helping clients who have experienced trauma. Several models, including Herman's (1997) pioneering three-stage model for working with trauma survivors, advocate for starting therapy by addressing the somatic and emotional responses, and fostering safety. Once this first step is achieved, then a more explorative process can begin, which would include processing, grieving, and perhaps then coming to terms with the trauma/traumatic memories (Herman, 1997; Pearlman & Courtois, 2005). With regards to trauma-informed art therapy, the sequence of treatment would involve the fostering of safe space, managing bodily and sensory effects, and working on healthy therapeutic alliance (Malchiodi, 2010). Consequently, I suggest that thorough understanding of trauma and trauma-informed practices is required before attempting to apply the concepts espoused in this research paper.

Incidentally, I would also like to emphasize the theoretical nature of this research, focusing on a synthesis and integration of ideas and concepts. It is not meant to promote a specific intervention, and so, further studies could be done based on the integration of literature presented to eventually come up with an applicable intervention model for treatment in art therapy.

Conclusion

To conclude, the ultimate purpose of this research paper is to focus on how the impact of attachment trauma on an individual may stay with them and play a role in how they interact with their own children; the potential for transmission of attachment was explored through the recent research on epigenetics, as well as through attachment theory. I synthesized some of the research pertaining to treatment of attachment trauma, including a section on art therapy and how it is a beneficial approach in helping clients with attachment trauma, as it provides a link to the non-verbal, sensory, and symbolic characteristics of trauma. This study attempted to offer a new angle on how to conceptualize the treatment of attachment trauma by introducing existential psychotherapy as a framework within which to ground treatment. I took note of the key concepts of meaning and meaning-making in the literature, concepts that came up as important in each theory explored (trauma theory, existential theory, art therapy, etc.). This became the objective I aimed to work towards in conceptualizing cases of unresolved attachment trauma in adults. I provided a review, synthesis, and finally an integration of theories and approaches that aim to demonstrate how using art therapy and a basis of existential psychotherapy can foster meaning-making, and potentially work to help break the cycle of attachment trauma. I suggest that with art therapy informed by existential models, and the process of meaning-making, clients may discover a positive, unique, empowering, and creative life force within themselves, that they may then pass on to future generations, perpetuating resilience, creativity, and courage.

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